

## APPLICATION FOR MODIFICATION TO A DRIVING SCHOOL OWNER LICENSE AND ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION

FOR DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
ACR NUMBER	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	
RECEIPT NO.	
INSPECTOR NAME, ID#, REGION	

### A — SCHOOL INFORMATION

TRUE FULL NAME OF SOLE OWNER, ALL PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION	OCCUPATIONAL LICENSING NUMBER
DRIVING SCHOOL NAME (IF CHANGING OR ADDING NAME, LIST NEW NAME)	AREA CODE/TELEPHONE NUMBER (    )
ADDRESS (IF CHANGING ADDRESS OR ADDING BRANCH, LIST NEW ADDRESS)      CITY      STATE      ZIP CODE	OFFICE HOURS
OPERATOR NAME	OPERATOR LICENSE NUMBER

### B — REASON FOR SUBMISSION      *Check all that apply and complete the sections indicated.*

	COMPLETE SECTIONS					COMPLETE SECTIONS			
	D	E	F	G		C	E	F	G
<input type="checkbox"/> Add Branch Location - \$70					<input type="checkbox"/> Change of Address - \$70				
<input type="checkbox"/> Add Classroom Only – No Fee					<input type="checkbox"/> Change of Name - \$70				
					<input type="checkbox"/> Duplicate License - \$15				

### C — FORMER NAME OR ADDRESS

FORMER NAME			
FORMER ADDRESS	CITY	STATE	ZIP CODE

### D — CLASSROOM

CLASSROOM ADDRESS	CITY	STATE	ZIP CODE
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### E — PROPERTY USE APPROVAL      *Must be completed by licensee.*

Does location meet all city and county property use requirements? ..... ☐ YES    ☐ NO  
 Attach the appropriate property use form completed by an official of the agency responsible for this location.

### F — PROPERTY DATA

PROPERTY IS – <i>Check one box.</i>	APPROXIMATE SQUARE FEET		
<input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/> Owned	Office	Classroom	Total
LEASE OR RENTAL PERIOD			

*If property is leased or rented, complete the following and attach copies of the lease or rental agreement. If property is subleased, include a written authorization from the property owner.*

PROPERTY OWNER'S FULL NAME	AREA CODE/TELEPHONE NUMBER (    )
PROPERTY OWNER'S ADDRESS	CITY      STATE      ZIP CODE

### G — LICENSEE CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE	TITLE
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, LLC MEMBER, OR ASSOCIATION REPRESENTATIVE <b>X</b>	DATE

